1	<u>. </u>													
		DATEN	S ADDLICA	FION FEE	ON FEE DETERMINATION RECO				Application or Docket Number					
		PATEN	Eff	HON REC	10/507467									
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	Ġ	OTAL CLAIN	AS.	(Colu	(Column 1) (C			7	TYPE		0		L ENTITY	
I	H								RAT	10	19	RATE	FEE	
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L	M	ULTIPLE DEP	ENDENT CLAIM	PRESENT							OF			
	- (1	the different	ce in column 1	ıs less Ihan	zero, enter	"0" in	column 2	ı	TOTAL	154	OF			
	^		CLAIMS AS	AMENDE	MENDED - PART II						<u>~</u> "		R THAN	
ľ	9	10-0	4 (Column 1)		(Column		(Column 3)		SMAL	LENTITY	OR	SMALL	ENTITY	
	ENTA		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	AODI- TIONAI FEE		RATE	ADDI- TIONAL FEE	
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CHICKORES C	L		REMAINING AFTER AMENOMENT		NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.

ADDIT. FEE

OR

ADDIT.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. OR ADDIT. FEE

+145=

+290=

ÖR

OR